



COLEMAN SUDOL SAPONE P.C.  
PATENTS, TRADEMARKS AND COPYRIGHTS

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Deposited: May 19, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service Express mail under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

*Judith M. Murphy* 1

Date: May 19, 2004  
Docket No: 382/9-1801



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**UTILITY PATENT APPLICATION TRANSMITTAL**  
(Only for new nonprovisional applications under CFR 1.53(b))

Docket No.:	382/9-1801
Inventor(s):	Dwight MCKEE, 5 Sumner Street, Aptos, California 95003; Timothy A. NOLAN, 120 Penny Lane, Batesville, Arkansas 72501
Title:	COMPOSITION AND METHOD FOR TREATING UPPER ABDOMINAL PAIN AND CRAMPING

**APPLICATION ELEMENTS** (See MPEP chapter 600 concerning utility patent application contents)

- ☒ 1. Fee Transmittal Form (attachment)
- ☒ 2. Specification, Claims, Abstract [Total pages 12]
- ☐ 3. Drawing(s) (35 USC 113)
- ☒ 4. Oath or Declaration
- ☒ Executed Declaration
- ☒ a. Newly executed (original or copy) 2 Inventors
- ☐ b. Copy from a prior application (37 CFR 1.63(d))  
(For continuation/divisional with box 17 completed)
- ☐ I. DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the Prior application see 37 CFR 1.63(d)(2) & 1.33(b).
- ☐ 5. Incorporation by Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ 6. Microfiche Computer Program (Appendix)


- ☐ 7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)
- ☐ a. Computer Readable Copy
- ☐ b. Paper Copy (identical to computer copy)
- ☐ c. Statement verifying identity of above copies

#### ACCOMPANYING APPLICATION PARTS

- ☒ 8. Assignment Papers (1 cover sheet (PTO-1595) and 1 document(s) for recording)
- ☐ 9. 37 CFR 3.73(b) Statement (when there is a assignee) ☐ Power of Attorney
- ☒ 10. Application Data Sheet
- ☐ 11. Information Disclosure Statement (IDS) and PTO-1449 ☐ Copies of IDS citations (refs. )
- ☐ 12. Preliminary Amendment
- ☒ 13. Return Receipt Postcard (MPEP 503) (should be specifically itemized)
- ☒ 14. **Small Entity Statement-The Applicant and assignee if any qualify for and hereby claim small entity status.**
- ☐ 15. Certified Copy of Priority Document(s):  
(Only if foreign priority is claimed)
- ☐ 16. Other:
- ☐ 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-In-Part (CIP)  
of prior application No. \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group: \_\_\_\_\_
- ☒ 18. **CORRESPONDENCE ADDRESS**  
Please direct all communications to **customer number 28147**,  
namely William J. Sapone, Esq. at  
the offices of Coleman Sudol Sapone P.C.  
714 Colorado Ave., Bridgeport Conn. 06605  
203-366-3560 fax.203-335-6779

Respectfully requested.  
Coleman Sudol Sapone P.C.

May 19, 2004  
714 Colorado Ave.  
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By:   
William J. Sapone, Reg. No. 32,518  
Attorney for Applicant(s)

(Attachment)

## Fee Transmittal Form

Docket No.:	382/9-1801
Inventor(s):	Dwight MCKEE, 5 Sumner Street, Aptos, California 95003; Timothy A. NOLAN, 120 Penny Lane, Batesville, Arkansas 72501
Title:	COMPOSITION AND METHOD FOR TREATING UPPER ABDOMINAL PAIN AND CRAMPING

**THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:**

	Claims filed		Extra	SMALL \$ 385.00	LARGE \$ 770.00	AMOUNT \$ 385.00
Total Claims	27	Minus 20	7	x \$ 9.00	x \$ 18.00	\$ 63.00
Independent	2	Minus 03	0	x \$ 43.00	x \$ 86.00	\$
Multiple dependent claim fee				+ \$ 145.00	+ \$ 290.00	\$
( ) Non-English specification 37 C.F.R. 1.17(k) fee (+ \$130.00)						\$
ASSIGNMENT						\$ 40.00
FEE DUE:						\$ 488.00

- [x] A check in the amount of **\$488.00** is enclosed.  
 The Commissioner is hereby authorized to charge any additional fees required with this submission or to credit any overpayment to Deposit Account No. 04-0838.
- a. ☒ Fees required under 37 C.F.R. 1.16.  
 b. ☒ Fees required under 37 C.F.R. 1.17.  
 c. ☐ Fees required under 37 C.F.R. 118.

Respectfully submitted,  
 Coleman Sudol Sapone P.C.

May 19, 2004  
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By:   
 William J. Sapone, Reg. No. 32,518  
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